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ABSTRACT

This paper describes the implementation of a Head Start Family Service Center (FSC) program and discusses the impact of such centers on Head Start preschool education. It reviews the role of current Head Start FSCs on the provision of support services to Head Start families, especially in the areas of adult literacy, substance abuse education and counseling, and career development and employment. It then describes the services provided by the Southern Ute Head Start Family Center in Ignacio, Colorado, and their effects on family mental health and family environment. Finally, the paper presents data on the overall effects of family-focused Head Start programs such as FSCs, showing that annual reports from the Southern Ute site and other FSCs indicate substantial positive changes in families who are enrolled in FSCs. Contains 15 references. (MDM)

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The Role of the Family Service Center Demonstrations in the Future of Head Start

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Paper presented at the National Head Start Association Conference

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The Role of the Family Service Center Demonstrations in the Future of Head Start

Head Start, the nation's comprehensive program of preschool, health, social and psychological services for children living in poverty is anticipating a long awaited expansion. Recent attention and discussion focuses on the form that the proposed expansion might take (see, for example, the U.S. Department of Health & Human Services 1993 publication entitled Creating a 21st Century Head Start). Another example is the February, 1994 issue of *American Psychologist* which devotes four articles to the topic written by Edward Zigler, Senator Nancy Kassenbaum and other child development experts. The articles contain a number of recommendations for the future of the Head Start program, but in total give merely a single sentence to the new Head Start Family Service Center Demonstrations funded by the Head Start bureau beginning in 1990. These programs are already implementing a number of the changes that the various authors recommend in their articles. To date, 66 sites have been funded across the nation for three-year demonstrations with some grantees receiving close to one million dollars for the three year period.

The overall purpose of the Family Center (FSC) programs is to provide or coordinate a set of support services to help Head Start families achieve greater self sufficiency and success in three key areas: adult literacy, substance abuse education and counseling, and career development and employment. Since these recent demonstrations concentrate on the whole family not just the child, they appear to be in tune with the majority of the thinking on the new direction for the Head Start program. The purpose of this monograph is to relate the implementation of one of these new programs (the Southern Ute Head Start Family Center in Ignacio, Colorado) to some of the current views on the redirection of Head Start. It seems reasonably clear that the demonstration programs

represent a kind of "pilot" for the 21st century, and some of the lessons learned from the integration of the FSC model into "regular" Head Start should prove useful to other grantees and to policy makers at the national level.

The paper begins with an overview of current recommendations for change suggested by researchers, politicians and policy makers, followed by an ecological view of the **family** as the proper focus for intervention and support services. In the third section the mechanics of integrating the Family Center approach into the regular Head Start program is addressed by connecting the experts' recommendations to a local context in which many of these suggestions are presently taking place. Finally, the issue of evaluating the impact of the FSC model is discussed and some local findings are given.

New Directions for Head Start

Recently both opponents and friends of Head Start have focused our attention on issues of variable program quality and the direction for an anticipated expansion to serve more eligible children. Zigler and Styfco (1994) note a variety of current problems including levels of quality, teacher training, teachers' (low) pay, and the lack of support services to families. The 1993 Report by the *Advisory Committee on Head Start Quality and Expansion* agrees noting that in terms of family supports "Head Start should focus on the needs of children in the context of their families and communities by enhancing family services" (U.S. Dept. of Health & Human Services, 1993, p. 23).

A focus on the family as the unit of intervention and the linkages with local support services are two themes that appear to represent new directions for the program. Of course, Head Start has always been a comprehensive family focused program with parent involvement seen as a critical component. The needs of families were recognized early on, when the first Parent and Child Centers were opened in 1967 (Zigler & Styfco, 1994). But today's Head Start family typically faces social and economic conditions that are worse than those of the mid 1960's. Ch[illegible] developmentalists and policy makers are questioning whether existing Head Start programs are [illegible] appropriate in the context of social disintegration that prevails in some communities. Given the

stressors that families experience, " The critical need for preventative child and family support services . . . is obvious" (Takanishi & DeLeon, 1994, p. 121).

The second theme, collaboration with local community agencies is seen as a partial solution in reducing levels of stress. Over the years Head Start has emerged as a model of local control and empowerment with primarily neighborhood based staff running the centers (Takanishi & DeLeon, 1994). For example, the Southern Ute Head Start in rural Ignacio, Co has current staff who grew up in the community, were parents of Head Start children and now have been employed by the program for 20 years or more. The average length of tenure for the teachers is 15 years. The program is a source of community control, activity and pride with a deep tri-ethnic (Ute Indian, Hispanic, Euro-American) heritage.

According to Takanishi and DeLeon, "By the very nature of the original empowerment strategy, Head Start programs are not as well connected to other health, social, education and human services programs, . . . as they should be to meet the current needs of families" (1994, p. 121). These authors have missed an important mandate of the Head Start bureau regarding the 66 Family Service Centers whose funding was contingent upon a strategy of coordinating with local agencies to connect families with needed services. Demonstration sites were required to form cooperative agreements to secure the literacy, employment and counseling services designated in the grant as well as other support services for families. For example, during its second year the Southern Ute Family Center coordinated services for their client families that included: Family counseling, alcohol education and treatment services, crisis intervention, assault prevention, domestic violence awareness, family literacy instruction (Even Start), adult basic education, GED preparation, ESL instruction, career development and employment, and a Human Services directory among others.

New directions for Head Start also include recommendations for strengthening the mental health component, as the link between programs and community psychological services has been sporadic (Piotrkowski, Collins, Knitzer & Robinson, 1994). These researchers report that in 1991-92 only 2% of children in Head Start were referred for mental health services despite studies

suggesting about 20% of children could benefit. The authors surveyed 101 programs (omitting Migrant and Native American grantees) and found that a holistic, integrated approach to mental health (e.g. using family service workers) was less common than a model calling for provision of specific services by professionals for mental health problems. Almost all programs in their study reported the need for more resources tor crisis intervention and counseling (two of the Southern Ute FSC services noted above).

Because the majority of Head Start children are living in poverty, they may be more likely to be exposed to multiple risk factors associated with emotional and behavioral disorders (Piotrkowski et al., 1994) and eventual school failure. Native Americans and other minority groups living on Reservations or in very rural areas are especially vulnerable to combinations of risk factors that also include geographic and social isolation (Anziano, 1991), and their needs for services may be even greater.

The 66 FSC demonstrations are already providing some evidence that a new model of Head Start is a potential vehicle for improvements in family mental health. During the second year the Southern Ute FSC provided psychological services to 18 client families (about 20% of the Head Start families) and play therapy for 5 preschoolers. However the Family Center demonstrations need more visibility as evidenced by the following: "The mental health services originally prescribed for Head Start more than 25 years ago no longer seem adequate for current needs. What the new approaches will be, and what personnel will be available to deal with these issues are not well addressed in *any* (italics mine) current effort to improve Head Start" (Takanishi & DeLeon, 1994, p.121). In reality current efforts are making a difference but these efforts are not yet well publicized. One strategy mentioned by Piotrkowski et al. (1994) involves innovations in service delivery, and these authors do note that "Some recent Head Start demonstrations are promising, particularly those related to family service centers and substance abuse" (p.137). This sentence, however, is the *only* mention of the FSC's in the four recent *American Psychologist* articles. It is also interesting to note that many of the other 9 recommendations made in the article are actually being implemented in the FSC programs. Each demonstration site has its unique local

context so the type and form of delivery of these services varies from program to program. The next section considers the ecological context of intervention services for families.

The Structure and Context of Family Services

With the longevity of Head Start and other well known preschool programs (e.g. the Perry PreschoolProject), agreement is beginning to exist among social scientists and the public that high quality early intervention programs are a cost effective way to reduce the effects of poverty on children and families. Zigler (1990) maintains that the *type* of care that a family provides will change over time with the growth and development of the child. It makes sense to support the family due to the potential for continuity from the pre-natal period to the post Head Start years. Head Start funded the original Parent and Child Centers for this reason (Zigler, 1990), and these centers were a kind of prototype of the new Family Service Centers.

Zigler (1990) stresses the need to recognize a family's place within a culture and to use culture as a way to optimize family functioning. He notes that successful programs focus on the family as the unit of intervention. Garbarino (1990) agrees, describing the context of the child "at risk" as one that includes the family and friends, neighborhood, school, church and other elements of social geography and physical environment. The new context of intervention will involve both family systems approaches (e.g. Minuchin, 1985) and ecological models of the environment (Bronfenbrenner, 1986; Garbarino, 1990) where changes in any family member will affect the group as a whole through reciprocal interactions, and where networks of social and cultural systems are seen as operating in the ecological context.

Implementing new family services into Head Start programs requires that we recognize the complexity of the systems that families are dealing with in the mid 1990's. Garbarino (1990) lists the interplay of biological, psychological, social and cultural forces as factors affecting the success of any particular form of intervention. These factors are amplified in the context of the Southern Ute FSC"s rural tri-linguistic, tri-cultural community of Ignacio. The Family Center, as part of Head Start serves clients with needs for literacy, employment, counseling, child care and other services. The local cultures, geography, climate, resources, family dynamics and power structure

all affect the behavior of the Head Start children, parents and staff. The three languages spoken and the cognitive styles of the three cultures also affect the communication patterns of all individuals in the local context (see the accompanying paper on culture and cognitive styles by C. O'Dell).

With respect to implementing the literacy, employment and counseling services of the FSC grants, Bronfenbrenner's (1986) concept of the mesosystem is critical. The mesosystem includes the connections among various settings that "contain" a person or family. Links between Head Start and other FSC service providers, links between Head Start and the home, between the home and the service settings and connections among the various services themselves all affect the outcomes of the demonstration programs. The strength of the these connections, especially those between the FSC and the settings in which families spend their time (e.g. church, literacy program, support group, school) will be extremely important in the outcomes that result from the services.

The human connection among these settings derives from the case management or Family Advocate model suggested by Head Start for the demonstrations. The Southern Ute Family Advocates make routine home visits to their client families, noting that they have learned which families need almost daily contact, which need weekly contact, and which families might need only monthly visits. Many informal contacts also take place in the grocery store or the laundromat. Another factor that explains the positive relationships between these Advocates and the families is that "we (the Advocates) have known most of these people all of our lives" (Anziano, O'Dell, Khanna & Webb, 1993). The strength of this paraprofessional system is discussed further in a later section of the paper.

It seems clear that interventions with families must consider the complex questions concerning which form of intervention will work best for which families in which particular contexts (Gallagher, 1990). An analysis of these patterns may eventually be possible when the evaluation data from the 66 FSC sites are combined. At present some general findings summarized by Gallagher (1990) can be linked to the Southern Ute FSC demonstration. Gallagher considers some assumptions of family intervention programs and provides research support for them.

[a] Does improving the child's environment help the family?

This appears to be one of the indirect effects of providing preschool enrichment to the child as a protective factor against the effects of poverty in the early years. Lazar (1987) has argued that the well known long term effects of preschool intervention programs on children are likely to be due, in part, to changes in the child's family as a result of the family then placing higher value on education. We would expect that Head Start's demonstrated success in improving the child's environment will continue to have positive effects on the FSC families, especially since these families are motivated to make various changes in their life patterns through services such as adult literacy.

[b] Will increased parenting skills change family interactions?

Gallagher reports evidence that the original Parent and Child Centers funded by Head Start were successful in enhancing positive interactions between mothers and children due to improvements in the mothers' parenting skills. Again, we have reason to be optimistic about these kinds of changes resulting from the FSC programs. The Southern Ute program reported that 41 clients were enrolled in parenting classes and parent support groups led by professionals during 1992-93. Case studies of parents in the program reveal very positive outcomes from the parent education services with parents reporting more positive interactions with and between their children. For example, Mrs "G" has taken several parenting classes which have been helpful, particularly the work on sibling rivalry. She has noticed a distinct improvement in her family environment, where her new skills have reduced her children's fighting.

[c] Can personal counseling change families?

Feelings and misperceptions about others can distort family interactions, and one logical assumption is that family counseling can improve these dynamics. Gallagher reports some evidence of improved communication among families receiving these services. In the second year of the Southern Ute FSC, 18 individuals from 7 families were involved in family counseling provided by a local therapist. Many family members also attended workshops on domestic violence prevention, dealing with teenagers, raising sexually healthy children and other topics.

Mrs "G" also noted that seeing a family counselor has been helpful, and having the therapist come to the Head Start center has been most convenient.

[d] Do increased opportunities for parent empowerment change families?

Research supports the notion that linking families with available community resources can improve attitudes, interactions and well being (Gallagher, 1990). Positive outcomes for families who are connected to services have included opportunities for job training and employment, increased life satisfaction, and improvement in psychological control and well being. Fifteen years ago Zigler (1979) raised the issue of whether a child's sense of control over the environment could be mediated by his parents behaviors. Social learning theorists would argue that children who observe parents as having control and impact over their lives will develop similar attitudes and behaviors themselves. This sense of personal control engendered in preschool children may be exceedingly important in the tri-ethnic, largely minority community of Ignacio where generations have felt relatively powerless in the Anglo dominated school system.

In terms of opportunities provided, our 1992-93 data indicate that of about 40 Southern Ute FSC clients, 18 were enrolled in literacy programs, 9 in vocational training, 9 in career development, and 10 clients had changed job status from unemployed to employed or had increased from part time to full time work. These results show promise as the pattern has been for more families to enroll in more of the services over time, so that these participation rates will have increased considerably by the end of this year.

Integrating the Family Center Model into Head Start

The previous section of this paper notes the importance of contextual variables in designing a program of services for families. The actual implementation of these approaches into "regular" Head Start programs poses a variety of challenges which are briefly addressed below. "The need for empirical guidance is acute, not only to inform program improvements but because the population served by Head Start has changed over time. . . A program that was state-of-the-art in the 1960's could not be expected to meet the needs of today's economically disadvantaged families" (Zigler & Styfco, 1994, p. 129).

The 1993 Report of the Advisory Committee on Head Start Quality and Expansion concurs and the authors furnish a set of recommendations for the future, citing the implementation of three broad principles. One principle calls for the provision of services in ways that meet the needs of both children and families. This includes enhancement of family services to include parent education and family literacy. Another principle encourages the formation of partnerships or collaborative agreements between Head Start programs and agencies at the state and local level to provide more coordinated services to families. The Report entitled *Creating a 21st Century Head Start* proposes that collaborative partnerships be implemented, renewed and "recrafted" in order to respond to changing family needs and changing community contexts.

The need for more family service workers with adequate training along with more mental health and counseling services for children, parents and program staff is also noted.
It must seem obvious to a reader of this paper that the 66 Family Service Center demonstrations which are presently implementing these recommendations, were generated as a "pilot" program for the Head Start of the 21st century - the family centered program of the future. If a piece of the future is taking place now, a "fast forward" of some of the lessons learned from the FSC demonstrations should be useful to others as they begin to implement family services into their own Head Start programs. In the Southern Ute demonstration the implementation of the Family Services model into an existing and fairly entrenched Head Start program posed a number of challenges. Some of these were anticipated while others were unexpected and surprising. It is clear that some of the experiences discussed below will not generalize to other contexts, but some general issues from the three year program may inform others as they prepare to coordinate a more comprehensive set of services.

The local evaluation of the Southern Ute FSC incorporated process interviews with the Family Center staff on a regular schedule throughout the demonstration. During the second year staff were asked to respond to the following question: "What were the main issues involved in the integration of the FSC model into the Head Start program? Five main themes emerged from these

interviews. These are described below followed by a discussion of the role of the paraprofessional (vs. the "professional social worker" role) in implementing the Family Center approach.

[1] In terms of the FSC approach there was unanimous agreement among the staff that this model represents the next logical step for Head Start if it is to be a truly comprehensive program. The staff indicated that what they could do for the preschool child was limited unless they could work with the entire family.

[2] The FSC staff felt strongly that the Head Start and FSC staffs needed to be housed in the same building. At the same time the problems associated with this arrangement were numerous and staff from each program were often caught off guard by the reactions of others. Problems with adequate sharing of information and space, miscommunication among staff members and perceived competition for jobs caused some tension and frustration.

[3] A major perceived problem was that the FSC, by design, was to be an innovative program that represented a series of changes beyond the scope of the regular Head Start program. Implementing these changes and new services for the FSC parents in a context where "regular" Head Start was supposed to remain the same caused confusion. As a national demonstration site, the local program evaluation considered the regular Head Start program as a kind of constant, in order to assess the benefits to the FSC parents that were over and above the usual Head Start services. Even though a comparison group from another non-FSC Head Start program was the actual control group for standardized measures of parental stress and self-esteem, the Southern Ute regular Head Start program staff often reported feeling less important or less visible than the new FSC program staff. It was simply not possible for the ongoing Head Start program to remain static while the new FSC program was being implemented.

[4] The FSC staff recommended that for other efforts where new programs co-exist with Head Start, that liaison personnel be hired to work with both staffs to help negotiate and integrate program modifications.

[5] With respect to the case management approach to families, the FSC program hired the Family Advocates from the existing Head Start staff since the director (correctly) assumed that

these individuals would be quick to secure the trust and confidence of the FSC parents, while outsiders to the community could not possibly be as effective. However these Advocates were employed 3/4 time in their old role as teacher and 1/4 time in the new role of caseworker. This resulted in conflicts over responsibilities and loyalty to one program or the other. In retrospect, the Family Advocates needed to be hired from within the Head Start staff, but then employed full time in the FSC program.

The Role of Paraprofessionals in Family Services

The growth of family focused human service programs within Head Start will call for even more paraprofessionals in this field. A definite strength of the implementation of the FSC model in the Southern Ute program was the decision to employ Head Start teachers as paraprofessional Family Advocates using a case management approach. These individuals had lived and worked in the community for many years and they had earned the trust of parents. According to Musick and Stott (1990), paraprofessionals are unique in that they often possess greater understanding of their clients due to similarities in culture, neighborhood and experiences. The Family Advocates were able to enter the client's world and establish rapport with people who likely would have been unapproachable for the typical professional social worker or psychologist.

A potential problem in the paraprofessional model is the role of countertransference (Musick & Stott, 1990). These authors raise the "possibility that a paraprofessional may inadvertently fail to help a client due to her unrecognized feelings about a client's family situation. It might be difficult (for example) to acknowledge that a young mother's attitudes and behaviors toward her children are truly harmful if that is the way the paraprofessional was raised" (1990, p.651). The issue is interesting, but its manifestation might not be limited to paraprofessionals, and in any case, these feelings would be difficult to assess. A Family Advocate might, for example, suspend judgment or refrain from giving advice due to her training which might have emphasized letting a client make her own decisions. Some of the Southern Ute paraprofessionals felt that as a resuslt of both their training and their own experiences and maturity on the job, that they have become less prescriptive, less eager to tell clients what they should do. One Advocate

stated that it is more important to "feel what that parent is feeling at that time" than it is to have some advice ready for them (Anziano, et al., 1993, p.26).

It seems clear also that paraprofessionals themselves benefit through their training and helping of others. As noted in other programs (Musick & Stott, 1990) the Family Advocates in this FSC program have been observed to have increased practical skills, competence and self-esteem. They have higher career and educational aspirations than they previously held, and they have developed more effective interpersonal relationships -- they have experienced considerable personal growth through the process of becoming a paraprofessional.

Measuring the Effects of Family Focused Programs

Zigler and Styfco (1994) report that evaluations of Head Start have focused almost exclusively on the preschool education component, and within this, the emphasis has been primarily on the child's cognitive competence. The effects of Head Start on families is not well researched, but the FSC demonstrations should provide new data on family functioning. Evaluations of the FSC projects which are currently being conducted need to separate the impact of the family services model from other developments that cause change over time. How change has occurred as a result of a particular intervention will also be critical to assess. Each of the 66 sites has a "third party" local evaluation component, and a large national evaluation of all sites is being carried out by abt Associates of Cambridge, MA. The national evaluation includes some demonstration sites that have implemented a randomized experimental - control group design to assess the effects of participating in the FSC over and above the effects of the regular Head Start services. While the national evaluation will provide aggregated information on certain data elements common to all sites, the local evaluations will provide a rich source of information about program implementation and effects on families in each local context.

The local evaluations are highly formative or "use based" so that the process of designing, implementing and assessing the value of services is ongoing, and feedback from the evaluators to the program staff continually guides and refines the program. As critical as this process evaluation is to program success, these evaluations are still not common. "The evaluation of family changes

attributable to early intervention services is rarely incorporated as a programmatic activity. Most programs do not conduct routine or even episodic internal evaluations to determine service efficiency . . ." (Krauss & Jacobs, 1990, p. 310). In a review of literature on family-level outcomes, these authors note the following areas of impact as being important to measure:

- Reduction of parenting stress
- More positive parent-child interactions
- Strengthening of parent and family social supports
- Promotion of healthy family functioning
- Enhancement of education
- Increases in employment opportunities and career development

From the information presented at the meetings of the consortium of local evaluators for the 66 demonstrations it seems clear that the Family Center model is contributing to positive outcomes for families in all of the above areas of impact. Success in some areas is relatively easy to measure, such as the number of clients who enter literacy programs and receive a GED certificate, or those who move to higher levels on a test of functional literacy (such as the CASUS). Numbers of clients who enter and complete substance abuse treatment programs or individuals who become employed as a result of the FSC services are fairly easy to document.

Reduction of parenting stress or increases in parents' self-esteem are also being assessed at many sites, but these changes are likely to take longer to emerge. For example, measures of parental stress (The Parenting Stress Index) and self-esteem (The Culture Free Self Esteem Inventory) were administered in a simple pre-post design to 18 Southern Ute FSC clients and 21 controls from the Ute Mountain Head Start, a non-FSC comparison group. The parent stress scale is designed to measure the total stress that a parent experiences resulting from child characteristics, parents' expectations and environmental situations. The self-esteem scale is designed to assess an individual in terms of general, social and personal self-esteem.

These measures were administered about 10 months apart. The FSC families had been enrolled in the program during that time, and the comparison families were tested just before and

after their child spent a school year in a regular Head Start program. Results favored the FSC group, but the differences were generally small in magnitude and were not statistically significant (p=.05). The greatest increase in favor of the FSC group was the pre-post change on the personal self-esteem scale, where the average score changed from the 39th percentile to the 50th percentile at the post test. It may be unreasonable to expect major changes in parental stress or self-esteem over a 10 month time period, and the intervention may simply create the framework that facilitates these changes later on. Krauss and Jacobs (1990) claim that the Parenting Stress Index in particular, may not be sensitive to changes over a relatively short intervention span.

Nevertheless, the annual reports from the Southern Ute site and the other demonstrations indicate that substantial positive changes are occurring for the families who are enrolled in the Family Service Centers. The changes are taking place in the key areas of literacy, substance abuse education and counseling and career development as well as other important dimensions. The changes in the FSC staffs themselves are often described as remarkable with paraprofessionals experiencing considerable strides in personal growth and career growth. This paper has argued that the Head Start for the 21st Century is happening now in the Family Service Center programs. The final results from the evaluations of these programs will move us all closer to the future.

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